

## ARLINGTON RECREATION REGISTRATION (please print)

Participants First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Male / Female (please circle) Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Name: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

CLASS	CODE	SECTION	TIME	FEE

☐ I would like to contribute \$ \_\_\_\_\_ to Arlington Recreation's Scholarship Fund

☐ I would like to volunteer for \_\_\_\_\_ Name \_\_\_\_\_

Please note any allergies, medications, or physical limitations: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Arlington-Recreation Division. I also agree to forever release the Town of Arlington, Arlington Recreation, and all their employees, contracted agents, commission members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Arlington-Recreation Division ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Arlington-Recreation Division's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Arlington-Recreation Division's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Arlington-Recreation Division's athletic and recreation programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Arlington-Rec. athletic or rec. programs.

**SIGNATURE** \_\_\_\_\_ **CHECKS PAYABLE: ARLINGTON RECREATION**

**Credit Card Payment only for MC or VISA: Card #** \_\_\_\_\_

**EXP. DATE** \_\_\_\_\_ **CARDHOLDER**

**SIGNATURE** \_\_\_\_\_

How did you receive our program brochure (circle)? Rec Office Mail On-Line School \_\_\_\_\_ Other \_\_\_\_\_

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